

# **EXHIBIT “B”**

**OREGON UNIFORM CITATION AND COMPLAINT**

Use for All Violations or Crimes Where Separate Complaint Will Not be Filed/ORS 153.045 or 133.089

☐ CRIME(S) (see A below) ☐ OR (Not Both) ☒ VIOLATION(S) (see B below) Type: **OTHER**

STATE OF OREGON

CITY/OTHER PUBLIC BODY: **GRANTS PASS**COUNTY OF: **JOSEPHINE**Case No.: **19-28818**Court: **JOSEPHINE CO CIRCUIT COURT**COMPLAINT/SUMMONS  
MD04245**DEFENDANT** The undersigned certifies and says that the following person:ID Type: **NO ID PRES** ID No: \_\_\_\_\_ State: \_\_\_\_\_ Ph.: \_\_\_\_\_Name: Last: **MAYBERRY**First: **RICKY**Mi: **LEE**Address: **220 FAVER LANE**City: **RIDDLE**State: **OR** Zip: **97469**Passenger: ☐Sex: **M** Race: **WHT** DOB: **12/30/2004** Hgt.: **6'0"** Wgt.: **130** Hair: **BRO**Eyes: **BLU** Lic. Exp.: \_\_\_\_\_ Juv.: ☒ Lic. Class: \_\_\_\_\_ Emp. to Drive: ☐**TIME/PLACE**

At the following time and place in the above-mentioned state and county:

On or About Date/Time: **08/17/2019 11:27 AM**

At or Near \_\_\_\_\_ City: \_\_\_\_\_

**1585 NW WASHINGTON BLVD****GRANTS PASS**NB: ☐ SB: ☐ EB: ☐ WB: ☐Highway: ☐ Premise Open to Public: ☒ Other: ☐**VEHICLE** Involving the following:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Type: \_\_\_\_\_

Regis/Vin/ID#: \_\_\_\_\_ State: \_\_\_\_\_

Accident: ☐ Prop. Damage: ☐ Injury: ☐ Endanger Other: ☐Com'l Veh: ☐ Haz Mat: ☐ Driver Not Reg. Owner: ☐Other: \_\_\_\_\_ Com'l Pass: ☐**OFFENSE(S)** Did then and there commit the following offense(s):HWY Work Zone: ☐ School Zone: ☐ VBR: ☐ Safety Corridor: ☐Radar: ☐ Pace: ☐ Laser: ☐ Other: ☐Alleged Speed: \_\_\_\_\_ Designated Speed: \_\_\_\_\_ Posted Limit: ☐Offense #: **5.36.010****OBSTRUCTING TRAFFIC**Warning: ☐Presumptive Fine1: **\$295.00**Intentional: ☐ Knowing: ☐ Reckless: ☐Criminal Negligence: ☐ No Culpable Mental State: ☒

Offense #:

Warning: ☐

Presumptive Fine2:

Intentional: ☐ Knowing: ☐ Reckless: ☐Criminal Negligence: ☐ No Culpable Mental State: ☐

Offense #:

Warning: ☐

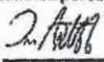
Presumptive Fine3:

Intentional: ☐ Knowing: ☐ Reckless: ☐Criminal Negligence: ☐ No Culpable Mental State: ☐**OTHER**

Expl.:

**SIGNATURE**

I certify under ORS 153.045 and 153.880 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

Signature of Officer: Officer name1: **ARTOFF, TIM.**Officer ID: **54323**

Officer name2: \_\_\_\_\_

Officer ID: \_\_\_\_\_

Agency Name: **GRANTS PASS DPS**Issue Date: **08/17/2019****YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE****07/09/2019 09:00 AM**Location: **JOSEPHINE CO CIRCUIT COURT****500 NW 6TH STREET****GRANTS PASS****OR 97526****541-478-2309**

Reserved for P.A. Use

Reserved for Court Use